Case 17-33459 Doc 1 Filed 11/08/17 Entered 11/08/17 12:04:31 Desc Main Document Page 1 of 26

Fill in this information to identify your case:				
United States Bankruptcy Court for the:				
NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION	_			
Case number (if known)	Chapter	7	_	
				Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1.	Debtor's name	Blackrock Medical Corporation	
2.	All other names debtor used in the last 8 years		
	Include any assumed names, trade names and doing business as names		
3.	Debtor's federal Employer Identification Number (EIN)	26-0198544	
4.	Debtor's address	Principal place of business	Mailing address, if different from principal place of business
		12931 MEED CT Palos Park, IL 60464	
		Number, Street, City, State & ZIP Code	P.O. Box, Number, Street, City, State & ZIP Code
		Cook	Location of principal assets, if different from principal
		County	place of business
			Number, Street, City, State & ZIP Code
5.	Debtor's website (URL)		
6.	Type of debtor	■ Corporation (including Limited Liability Compan	y (LLC) and Limited Liability Partnership (LLP))
		☐ Partnership (excluding LLP)	
		☐ Other. Specify:	
		-1 /	

Entered 11/08/17 12:04:31 Desc Main Page 2 of 26 Case 17-33459 Doc 1 Filed 11/08/17

Deb	Diagra Gott Inigation G	orporation	Document	Case n	umber (if known)		
	Name						
7.	Describe debtor's business	A. Check one:					
		☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))					
		☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))					
		☐ Railroad (as defined	d in 11 U.S.C. § 101(44))			
		☐ Stockbroker (as def	fined in 11 U.S.C. § 1	01(53A))			
		☐ Commodity Broker	(as defined in 11 U.S	S.C. § 101(6))			
		☐ Clearing Bank (as o	defined in 11 U.S.C. {	§ 781(3))			
		■ None of the above					
		P. Chook all that apply					
		B. Check all that apply☐ Tax-exempt entity (a	s described in 26 H	S.C. 8501)			
				,	ent vehicle (as defined in 15 U.S.C. §80a-3)		
		☐ Investment advisor			int vehicle (as defined in 13 0.5.6. 300a-5)		
		Investment advisor	(as defined in 15 C.	5.0. 900b 2(a)(11))			
				cation System) 4-digit	code that best describes debtor.		
		See <u>mip.//www.uscc</u>	durts.gov/lour-digit-na	ational-association-nai	<u>cs-codes</u> .		
8.	Under which chapter of the Bankruptcy Code is the debtor filing?	Check one:					
		Chapter 7					
		☐ Chapter 9					
		☐ Chapter 11. Check	all that apply:				
					ated debts (excluding debts owed to insiders or af to adjustment on 4/01/19 and every 3 years after	,	
					defined in 11 U.S.C. § 101(51D). If the debtor is	,	
			business debtor, a	ttach the most recent l	palance sheet, statement of operations, cash-flow or if all of these documents do not exist, follow th	1	
			procedure in 11 U.		or if all of these documents do not exist, follow th	ie .	
			A plan is being file	d with this petition.			
					repetition from one or more classes of creditors, in	n	
		п		1 U.S.C. § 1126(b).	orto (for example 10K and 100) with the Conwiti		
		Ц			orts (for example, 10K and 10Q) with the Securiti or 15(d) of the Securities Exchange Act of 1934.		
				untary Petition for Non-	Individuals Filing for Bankruptcy under Chapter 1		
			`	,	I in the Securities Exchange Act of 1934 Rule 12b	n-2	
		☐ Chapter 12	The debter is a sir	on company as acmic	The described Exchange Not of 1904 (Vale 12)	<i>J</i> 2.	
9.	Were prior bankruptcy cases filed by or against	■ No.					
	the debtor within the last 8	☐ Yes.					
	years?						
	If more than 2 cases, attach a separate list.	District		When	Case number		
		District		When	Case number		
	Are any hankruntoy cases						

pending or being filed by a business partner or an affiliate of the debtor?

No

List all cases. If more than 1,

☐ Yes.

attach a separate list

Relationship Debtor When District Case number, if known Case 17-33459 Doc 1 Filed 11/08/17 Entered 11/08/17 12:04:31 Desc Main

Page 3 of 26
Case number (if known) Document Debtor **Blackrock Medical Corporation** 11. Why is the case filed in Check all that apply: this district? Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district. A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district. 12. Does the debtor own or ■ No have possession of any Answer below for each property that needs immediate attention. Attach additional sheets if needed. real property or personal ☐ Yes. property that needs immediate attention? Why does the property need immediate attention? (Check all that apply.) ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety. What is the hazard? ☐ It needs to be physically secured or protected from the weather. ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options). ☐ Other Where is the property? Number, Street, City, State & ZIP Code Is the property insured? □ No Insurance agency ☐ Yes. Contact name Phone Statistical and administrative information 13. Debtor's estimation of Check one: available funds ☐ Funds will be available for distribution to unsecured creditors. After any administrative expenses are paid, no funds will be available to unsecured creditors. Estimated number of **1**,000-5,000 **1** 25,001-50,000 1-49 creditors **5001-10,000 5**0,001-100,000 □ 50-99 **1**0,001-25,000 ☐ More than 100.000 □ 100-199 **200-999**

□ \$1,000,001 - \$10 million

□ \$10,000,001 - \$50 million

□ \$50,000,001 - \$100 million

□ \$100,000,001 - \$500 million

■ \$1,000,001 - \$10 million

□ \$10,000,001 - \$50 million

□ \$50,000,001 - \$100 million

□ \$100,000,001 - \$500 million

\$0 - \$50,000

\$0 - \$50,000

□ \$50.001 - \$100.000

\$100,001 - \$500,000

□ \$500,001 - \$1 million

□ \$50,001 - \$100,000

□ \$100,001 - \$500,000

□ \$500,001 - \$1 million

□ \$500,000,001 - \$1 billion

□ \$500,000,001 - \$1 billion

□ \$1,000,000,001 - \$10 billion

□ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

☐ More than \$50 billion

□ \$1,000,000,001 - \$10 billion

□ \$10,000,000,001 - \$50 billion

15. Estimated Assets

16. Estimated liabilities

Case 17-33459 Doc 1 Filed 11/08/17 Entered 11/08/17 12:04:31 Desc Main Page 4 of 26 Case number (if known) Document

Debtor

Blackrock Medical Corporation

Name	

Request	for	Relief,	Declaration,	and	Signatures
		,			9

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17.	Declaration and signature
	of authorized
	representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is trued and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on November 7, 2017 MM / DD / YYYY

X	/s/ Be	ernard Sheehan	Bernard Sheehan		
	Signat	ture of authorized representative of debtor	Printed name		
	Title	Director			

18. Signature of attorney

/s/ Stephen J.	Costello		Date	November 7, 2017	
Signature of atto	rney for debtor			MM / DD / YYYY	
Stephen J. Co	stello 6187315				
Printed name					
Costello & Co	stello				
Firm name					
19 N. Westerr	Ave. (RT 31)				
Carpentersvil	le, IL 60110				
Number, Street,	City, State & ZIP Code				
Contact phone	847-428-4544	Email address	steve@co	stellolaw.com	
	Signature of atto Stephen J. Co Printed name Costello & Co Firm name 19 N. Westerr Carpentersvil Number, Street,	Costello & Costello Firm name 19 N. Western Ave. (RT 31) Carpentersville, IL 60110 Number, Street, City, State & ZIP Code	Signature of attorney for debtor Stephen J. Costello 6187315 Printed name Costello & Costello Firm name 19 N. Western Ave. (RT 31) Carpentersville, IL 60110 Number, Street, City, State & ZIP Code	Signature of attorney for debtor Stephen J. Costello 6187315 Printed name Costello & Costello Firm name 19 N. Western Ave. (RT 31) Carpentersville, IL 60110 Number, Street, City, State & ZIP Code	Signature of attorney for debtor Stephen J. Costello 6187315 Printed name Costello & Costello Firm name 19 N. Western Ave. (RT 31) Carpentersville, IL 60110 Number, Street, City, State & ZIP Code

Bar number and State

6187315

Fill in this information to identify the case:	
Debtor name Blackrock Medical Corporation	
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION	
Case number (if known)	
	☐ Check if this is an amended filing
Official Form 202	
Declaration Under Penalty of Perjury for Non-Indiv	idual Debtors 12/15
An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or form for the schedules of assets and liabilities, any other document that requires a declaration that is amendments of those documents. This form must state the individual's position or relationship to the and the date. Bankruptcy Rules 1008 and 9011. WARNING Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 ye 1519, and 3571.	s not included in the document, and any e debtor, the identity of the document, obtaining money or property by fraud in
Declaration and signature I am the president, another officer, or an authorized agent of the corporation; a member or an authorized individual serving as a representative of the debtor in this case.	ed agent of the partnership; or another
I have examined the information in the documents checked below and I have a reasonable belief that	the information is true and correct:
☐ Schedule A/B: Assets–Real and Personal Property (Official Form 206A/B)	
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)	
 Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F) Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G) 	
Schedule H: Codebtors (Official Form 206H)	
 ☐ Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum) ☐ Amended Schedule 	
 ☐ Amended Schedule ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claim. 	s and Are Not Insiders (Official Form 204)
Other document that requires a declaration	,
I declare under penalty of perjury that the foregoing is true and correct.	
Executed on November 7, 2017 X /s/ Bernard Sheehan	
Signature of individual signing on behalf of debtor	
Bernard Sheehan	
Printed name	<u> </u>

Director

Position or relationship to debtor

Filed 11/08/17 Entered 11/08/17 12:04:31 Desc Main Case 17-33459 Doc 1

Document Page 6 of 26 Fill in this information to identify the case: Debtor name Blackrock Medical Corporation

Case number (if known) ☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

12/15

Par	t1: Summary of Assets		
1.	Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)		
	1a. Real property: Copy line 88 from Schedule A/B	\$_	0.00
	1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$_	0.00
	1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$_	0.00
Par	t 2: Summary of Liabilities		
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D	\$_	0.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)		
	3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of Schedule E/F	\$_	0.00
	3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$_	1,152,406.64
4.	Total liabilities Lines 2 + 3a + 3b	\$	1,152,406.64

	Case 17-33459	Doc 1	Filed 11/08/17 Document	Entered 11/08/17 12:04:3 Page 7 of 26	1 Desc Main
Fill in this i	information to identify the	e case:	Document	Paue 7 01 20	
Debtor nam	ne Blackrock Medica	l Corporati	on		
United State		-		IOIS, EASTERN DIVISION	
		J. NORTHE	TRIV DIOTRIOT OF ILLIN	ISIG, EASTERN DIVISION	
Case numb	er (if known)				☐ Check if this is an
					amended filing
Officia	l Form 206A/	В			
_	_		Real and Pe	rsonal Property	12/15
				hich the debtor has any other legal, eq	
which have	no book value, such as f	fully deprecia	ated assets or assets t	sable for the debtor's own benefit. Also hat were not capitalized. In Schedule A s and Unexpired Leases (Official Form	/B, list any executory contracts
Be as comp	olete and accurate as pos	sible. If mor	e space is needed, atta	ch a separate sheet to this form. At the	e top of any pages added, write
				nd line number to which the additional in the total for the pertinent part.	information applies. If an
				ory or attach separate supporting sche et in a particular category. List each as	
debtor's in	terest, do not deduct the	value of sec		nstructions to understand the terms us	
Part 1:	Cash and cash equivale debtor have any cash or		lents?		
	·	casii equiva	iichts:		
_	Go to Part 2.				
	ill in the information below. or cash equivalents own		lled by the debtor		Current value of
					debtor's interest
Part 2:	Deposits and Prepayme				
6. Does the	debtor have any deposit	s or prepayn	nents?		
■ No. G	Go to Part 3.				
☐ Yes F	ill in the information below.				
Part 3:	Accounts receivable				
	e debtor have any accoun	nts receivab	le?		
■ No. G	Go to Part 4.				
	fill in the information below.				
Part 4:	Investments				
13. Does the	e debtor own any investr	nents?			
■ No. G	Go to Part 5.				
☐ Yes F	ill in the information below.				
Part 5:	Inventory, excluding ag	riculture ass	sets		
	e debtor own any invento				
■ No. G	So to Part 6.				
	ill in the information below.				

Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

■ No. Go to Part 7.

Entered 11/08/17 12:04:31 Desc Main Case 17-33459 Doc 1 Filed 11/08/17 Document Page 8 of 26 **Blackrock Medical Corporation** Case number (If known)

Debtor	Blackrock Medical Corporation	Case number (If known)	
	Name		
☐ Yes	Fill in the information below.		
Part 7:	Office furniture, fixtures, and equipment; and colle		
38. Does t	he debtor own or lease any office furniture, fixtures, e	quipment, or collectibles?	
■ No.	Go to Part 8.		
☐ Yes	Fill in the information below.		
Part 8:	Machinery, equipment, and vehicles		
46. Does t	he debtor own or lease any machinery, equipment, or	vehicles?	
■ No.	Go to Part 9.		
☐ Yes	Fill in the information below.		
Part 9:	Real property		
54. Does t	he debtor own or lease any real property?		
■ No.	Go to Part 10.		
☐ Yes	Fill in the information below.		
Part 10:	Intangibles and intellectual property		
59. Does t	he debtor have any interests in intangibles or intellec	tual property?	
■ No.	Go to Part 11.		
☐ Yes	Fill in the information below.		
Part 11:	All other assets		
	he debtor own any other assets that have not yet bee e all interests in executory contracts and unexpired leases		
■ No	Co to Port 12		

■ No. Go to Part 12.

☐ Yes Fill in the information below.

Case 17-33459 Doc 1 Filed 11/08/17 Entered 11/08/17 12:04:31 Desc Main Document Page 9 of 26

Debtor Blackrock Medical Corporation Case number (If known)

Part 12: Summary

Part 12 copy all of the totals from the earlier parts of the form	
Type of property	Current value of personal property Current value of real
Cash, cash equivalents, and financial assets. Copy line 5, Part 1	\$0.00
1. Deposits and prepayments. Copy line 9, Part 2.	\$0.00
2. Accounts receivable. Copy line 12, Part 3.	\$0.00
3. Investments. Copy line 17, Part 4.	\$0.00
4. Inventory. Copy line 23, Part 5.	\$0.00
5. Farming and fishing-related assets. Copy line 33, Part 6.	\$0.00
6. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$0.00
7. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$0.00
3. Real property. Copy line 56, Part 9	\$0.00
). Intangibles and intellectual property. Copy line 66, Part 10.	\$0.00
D. All other assets. Copy line 78, Part 11.	+\$0.00
1. Total. Add lines 80 through 90 for each column	\$0.00 + 91b. \$0.00
2. Total of all property on Schedule A/B . Add lines 91a+91b=92	\$0.00

Debtor name Blackrock Medical Corporation

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

Case number (if known) _____ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

- 1. Do any creditors have claims secured by debtor's property?
 - No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

Case 17-33459 Doc 1 Filed 11/08/17 Entered 11/08/17 12:04:31 Desc Main

Docu	iment Page	11 of 26		JCSO IVIAIII
Fill in this information to identify the case:				
Debtor name Blackrock Medical Corporation				
United States Bankruptcy Court for the: NORTHERN DISTRI	ICT OF ILLINOIS, FAS	STERN DIVI	SION	
	101 01 12211010, 2710	JIERRI DIVI		
Case number (if known)			-	7 Check if this is an
				amended filing
Official Form 206E/F				
Schedule E/F: Creditors Who Have	o Uneocuro	l Claim	ne.	40/45
Be as complete and accurate as possible. Use Part 1 for creditors w				12/15 NPRIORITY unsecured claims
List the other party to any executory contracts or unexpired leases Personal Property (Official Form 206A/B) and on Schedule G: Execu 2 in the boxes on the left. If more space is needed for Part 1 or Part	that could result in a cla utory Contracts and Une	aim. Also list expired Lease	executory contracts on <i>Sch</i> es (Official Form 206G). Num	edule A/B: Assets - Real and ber the entries in Parts 1 and
Part 1: List All Creditors with PRIORITY Unsecured Claim	ms			
1. Do any creditors have priority unsecured claims? (See 11 U	J.S.C. § 507).			
■ No. Go to Part 2.				
☐ Yes. Go to line 2.				
Part 2: List All Creditors with NONPRIORITY Unsecured 3. List in alphabetical order all of the creditors with nonpriori		the debtor has	more than 6 creditors with no	onpriority unsecured claims, fill
out and attach the Additional Page of Part 2.				Amount of claim
New windows and the dear was and an ellina and dear	A	:	alaim ia ay y y	¢4.450.400.04
3.1 Nonpriority creditor's name and mailing address Sterling Bay Companies, LLC	Contingent	ing date, the	claim is: Check all that apply.	\$1,152,406.64
c/o Tarpey Wix	☐ Unliquidated			
225 West Wacker Drive, Ste 1515 Chicago, IL 60606	Disputed			
Date(s) debt was incurred 2011-2017	Basis for the claim:	Judgmen	t for attorney's fees	
Last 4 digits of account number 9199	Is the claim subject to	o offset?	No Yes	
Part 3: List Others to Be Notified About Unsecured Clair	ms			
 List in alphabetical order any others who must be notified for clai assignees of claims listed above, and attorneys for unsecured creditor 		1 2. Examples	of entities that may be listed a	re collection agencies,
If no others need to be notified for the debts listed in Parts 1 and	2, do not fill out or sub	mit this page	. If additional pages are nee	ded, copy the next page.
Name and mailing address			ine in Part1 or Part 2 is the ditor (if any) listed?	Last 4 digits of account number, if any
Part 4: Total Amounts of the Priority and Nonpriority Un	secured Claims			
5. Add the amounts of priority and nonpriority unsecured claims.				
Es. Tatal alaima from Dart 4		F	Total of claim amounts	2.22
5a. Total claims from Part 1 5b. Total claims from Part 2		5a. 5b. +	\$ \$ 1.152.	0.00_ 406.64
En Total of Darto 4 and 2			-,10=,	
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.		5c.	\$ 1,15	2,406.64

Document Page 12 of 26

Fill in this information to identify the case:

Debtor name Blackrock Medical Corporation

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

Case number (if known) Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

- Does the debtor have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets Real and Personal* (Official Form 206A/B).

Property

2. List	all contracts and unexpired leases	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.1	State what the contract or lease is for and the nature of the debtor's interest	
	State the term remaining	
	List the contract number of any government contract	
2.2	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of	
2.3	State what the contract or lease is for and the nature of the debtor's interest	
	State the term remaining	
	List the contract number of any government contract	
2.4	State what the contract or lease is for and the nature of the debtor's interest State the term remaining	
	List the contract number of any government contract	

Case 17-33459 Doc 1 Filed 11/08/17 Entered 11/08/17 12:04:31 Desc Main Document Page 13 of 26 Fill in this information to identify the case: Debtor name **Blackrock Medical Corporation** United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION Case number (if known) ☐ Check if this is an amended filing Official Form 206H **Schedule H: Your Codebtors** 12/15 Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page. 1. Do you have any codebtors? ■ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form. 2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2. Column 1: Codebtor Column 2: Creditor

Name **Mailing Address** Name Check all schedules that apply: 2.1 Street □ E/F \square G City State Zip Code 2.2 Street □ E/F \square G City State Zip Code 2.3 \Box D Street □ E/F \square G City State Zip Code 2.4 Street □ E/F \square G City State Zip Code

Case 17-33459 Doc 1 Filed 11/08/17 Entered 11/08/17 12:04:31 Desc Main Document Page 14 of 26

F	II in this information to identify the case:				
D	ebtor name Blackrock Medical Corporation				
U	nited States Bankruptcy Court for the: NORTHERN DISTR	ICT OF ILLINO	S, EASTERN DIVISION		
С	ase number (if known)			С	Check if this is an amended filing
					amended liling
O	fficial Form 207				
_	tatement of Financial Affairs for No	n-Individ	uals Filing for Ban	kruptcy	04/1
	e debtor must answer every question. If more space is no	eeded, attach a	separate sheet to this form.	On the top of	f any additional pages,
	ite the debtor's name and case number (if known).				
	art 1: Income				
1.	Gross revenue from business				
	■ None.				
	Identify the beginning and ending dates of the debtor which may be a calendar year	's fiscal year,	Sources of revenue Check all that apply		Gross revenue (before deductions and exclusions)
2.	Non-business revenue Include revenue regardless of whether that revenue is taxable and royalties. List each source and the gross revenue for each				oney collected from lawsuits
	■ None.				
			Description of sources of	revenue	Gross revenue from
					each source (before deductions and exclusions)
P	art 2: List Certain Transfers Made Before Filing for Ba	nkruptcy			
3.	Certain payments or transfers to creditors within 90 day List payments or transfersincluding expense reimburseme filing this case unless the aggregate value of all property tra and every 3 years after that with respect to cases filed on or	entsto any credi ansferred to that	tor, other than regular employed creditor is less than \$6,425. (Th		
	■ None.				
	Creditor's Name and Address	Dates	Total amount of value	Reasons f Check all to	or payment or transfer hat apply
4.	Payments or other transfers of property made within 1 y List payments or transfers, including expense reimburseme or cosigned by an insider unless the aggregate value of all p may be adjusted on 4/01/19 and every 3 years after that wit listed in line 3. <i>Insiders</i> include officers, directors, and anyon debtor and their relatives; affiliates of the debtor and insider	ents, made within property transfer th respect to case one in control of a	1 year before filing this case or red to or for the benefit of the in es filed on or after the date of an corporate debtor and their rela	n debts owed sider is less t djustment.) D tives; general	than \$6,425. (This amount o not include any payments I partners of a partnership
	■ None.				
	Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons f	or payment or transfer
5.	Repossessions, foreclosures, and returns List all property of the debtor that was obtained by a creditor a foreclosure sale, transferred by a deed in lieu of foreclosu				

Official Form 207

Case 17-33459 Doc 1 Filed 11/08/17 Entered 11/08/17 12:04:31 Desc Main Document Page 15 of 26 Case number (if known)

	■ None				
	Creditor's name and address	Describe of the Prope	rty	Date	Value of property
6.	Setoffs List any creditor, including a bank or financial of the debtor without permission or refused to debt.				
	■ None				
	Creditor's name and address	Description of the act	ion creditor took	Date action was taken	Amount
Pa	art 3: Legal Actions or Assignments				
7.	Legal actions, administrative proceedings, List the legal actions, proceedings, investigation in any capacity—within 1 year before filing this	ons, arbitrations, mediation			the debtor was involved
	☐ None.				
	Case title Case number	Nature of case	Court or agency's name a address	nd Status of	case
	7.1. Sterling Bay Companies, LLC v. Blackrock Burr Ridge and Blackrock Medical Corporation 2011-L-9199	Contract dispute and citation proceeding	Circuit Court of Cook County Richard J. Daley Cente Chicago, IL 60602	☐ Pend ☐ On ap ■ Conc	ppeal
Pa	List any property in the hands of an assignee receiver, custodian, or other court-appointed of None Certain Gifts and Charitable Contribution	ifficer within 1 year before f		g tillo oddo dilid dily j	Property in the Hands of a
9.	List all gifts or charitable contributions the the gifts to that recipient is less than \$1,00		nt within 2 years before filing	this case unless th	e aggregate value of
	None				
	Recipient's name and address	Description of the gift	s or contributions	Dates given	Value
Pa	art 5: Certain Losses				
10.	All losses from fire, theft, or other casualty	within 1 year before filing	g this case.		
	None				
	Description of the property lost and how the loss occurred	tort liability, list the total red	ents to cover the loss, for government compensation, or	Dates of loss	Value of property lost
_		A/B: Assets – Real and Pe			
Pa	art 6: Certain Payments or Transfers				

11. Payments related to bankruptcy

Filed 11/08/17 Entered 11/08/17 12:04:31 Desc Main Case 17-33459 Doc 1 Page 16 of 26 Case number (if known) Document

Debtor Blackrock Medical Corporation

of this c		of property made by the debtor or person acting on be ng attorneys, that the debtor consulted about debt cons		
☐ Nor	ne.			
	Who was paid or who received the transfer? Address	If not money, describe any property transferre	ed Dates	Total amount or value
11.1.	Costello & Costello 19 N. Western Ave. (RT 31) Carpentersville, IL 60110	Attorney Fees	11/4/2017	\$2,335.00
	Email or website address			
	Who made the payment, if not deb Joseph and Nora Sheehan	otor?		
List any to a self	-settled trust or similar device. nclude transfers already listed on this s	de by the debtor or a person acting on behalf of the deb	otor within 10 years	s before the filing of this case
	e of trust or device	Describe any property transferred	Dates transfers	Total amount or
2 years	before the filing of this case to another tright transfers and transfers made as s	by sale, trade, or any other means made by the debtor of person, other than property transferred in the ordinary security. Do not include gifts or transfers previously liste	course of busines	s or financial affairs. Include
	Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
Part 7:	Previous Locations			
List all p	us addresses previous addresses used by the debtor es not apply	within 3 years before filing this case and the dates the	addresses were u	sed.
— D06	Address		Dates of occ	unancy
	Addices		From-To	ирипоу
Part 8:	Health Care Bankruptcies			
Is the de	Care bankruptcies ebtor primarily engaged in offering serv ssing or treating injury, deformity, or dis ing any surgical, psychiatric, drug treat	sease, or		
■ N	lo. Go to Part 9.			
□ Y	es. Fill in the information below.			
	Facility name and address	Nature of the business operation, including type the debtor provides	e of services	If debtor provides meals and housing, number of patients in debtor's care

Case 17-33459 Doc 1 Filed 11/08/17 Entered 11/08/17 12:04:31 Desc Main Document Page 17 of 26 Debtor **Blackrock Medical Corporation** ase number (if known) 16. Does the debtor collect and retain personally identifiable information of customers? No. Yes. State the nature of the information collected and retained. 17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit? No. Go to Part 10. Yes. Does the debtor serve as plan administrator? Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units 18. Closed financial accounts Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions. None Financial Institution name and Last 4 digits of Type of account or Date account was Last balance **Address** account number instrument closed, sold. before closing or moved, or transfer transferred 19. Safe deposit boxes List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case. None Depository institution name and address Names of anyone with Description of the contents Do you still access to it have it? **Address** 20. Off-premises storage List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business. None Do you still Facility name and address Names of anyone with Description of the contents access to it have it?

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

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Case 17-33459 Doc 1 Page 18 of 26 Case number (if known) Document

Blackrock Medical Corporation Debtor

	similarly l	narmful substance.						
Rep	ort all not	tices, releases, and proceedings k	known, regardless of when they occurred	d.				
22.	Has the	debtor been a party in any judicia	or administrative proceeding under any	environmental law? Include settle	ments and orders.			
	■ No.							
	☐ Yes	. Provide details below.						
	Case tit		Court or agency name and address	Nature of the case	Status of case			
		overnmental unit otherwise notifi ental law?	ed the debtor that the debtor may be liab	ole or potentially liable under or in v	violation of an			
	■ No.							
	☐ Yes	. Provide details below.						
	Site nan	ne and address	Governmental unit name and address	Environmental law, if known	Date of notice			
24.	Has the de	ebtor notified any governmental u	nit of any release of hazardous material	?				
	No.							
	☐ Yes	. Provide details below.						
	Site nan	ne and address	Governmental unit name and address	Environmental law, if known	Date of notice			
Pa	rt 13: De	tails About the Debtor's Business	s or Connections to Any Business					
	List any bu	inesses in which the debtor has our inesses for which the debtor was an information even if already listed in	owner, partner, member, or otherwise a per	rson in control within 6 years before fil	ing this case.			
	■ None							
I	Business	name address	Describe the nature of the business	Employer Identification number Do not include Social Security number				
				Dates business existed				
		•	o maintained the debtor's books and record	s within 2 years before filing this case				
	Name a	nd address			e of service m-To			
	26a.1.	Bernard Sheehan 12931 Meed Ct Palos Park, IL 60464		coi Sh	pt by President of p Bernard eehan 2004 to esent			
		2 years before filing this case.	ted, compiled, or reviewed debtor's books o	of account and records or prepared a f	inancial statement			
	26c. List a	II firms or individuals who were in po	essession of the debtor's books of account a	and records when this case is filed.				
	□ No	·						

Name and address

If any books of account and records are

unavailable, explain why

Filed 11/08/17 Entered 11/08/17 12:04:31 Desc Main Case 17-33459 Doc 1 Document

Page 19 of 26 Case number (if known) **Debtor Blackrock Medical Corporation**

Name	and address				ks of account and re	cords are
26c.1.	Bernard Sheehan 12931 Meed Ct Palos Park, IL 60464			unavailabl	e, explain why	
	·	ors, and other parties, including mer ing this case.	cantile and trade a	agencies, to	o whom the debtor iss	ued a financial
	None					
Name	and address					
27. Inventor Have an		operty been taken within 2 years be	fore filing this case	∋?		
■ No	os. Give the details about the t	wo most recent inventories.				
	Name of the person who sup inventory	pervised the taking of the	Date of invente		e dollar amount and other basis) of each	
	debtor's officers, directors, ol of the debtor at the time o	managing members, general part f the filing of this case.	ners, members in	ontrol, c	ontrolling sharehold	lers, or other people
Name		Address		sition and	nature of any	% of interest, if any
Berna	ard Sheehan	12931 Meed Ct Palos Park, IL 60464	Pr		Director and sole	100%
■ No		rs in control of the debtor who no	Ü	•		
Within 1		vals credited or given to insiders d the debtor provide an insider with v ons, and options exercised?	value in any form,	including s	alary, other compensa	ation, draws, bonuses,
■ No	o es. Identify below.					
	Name and address of recipie	Amount of money or de property	escription and val	ue of	Dates	Reason for providing the value
31. Within 6	years before filing this case	e, has the debtor been a member o	of any consolidat	ed group f	or tax purposes?	
■ No	o es. Identify below.					
Name of	the parent corporation			Employe corporat	r Identification num ion	per of the parent
32. Within 6	years before filing this case	e, has the debtor as an employer b	oeen responsible	for contril	outing to a pension f	und?
■ No	o es. Identify below.					
Name of	the parent corporation			Employe corporat	r Identification numl	per of the parent

Case 17-33459 Doc 1 Filed 11/08/17 Entered 11/08/17 12:04:31 Desc Main Document Page 20 of 26

Debtor Blackrock Medical Corporation

Case number (if known)

Part 14:	Signature	and	Declaration
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WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this Statement of Financial Affairs and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on No	vember 7, 2	2017	
/s/ Bernard Shee	han		Bernard Sheehan
Signature of individu	ual signing on	pehalf of the debtor	Printed name
Position or relations	hip to debtor	Director	
Are additional page	s to Stateme	nt of Financial Affairs	for Non-Individuals Filing for Bankruptcy (Official Form 207) attached?
■ No			
ΠVes			

Case 17-33459

Doc 1 Filed 11/08/17 Entered 11/08/17 12:04:31 Desc Main Document Page 21 of 26

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois, Eastern Division

In re	Blackrock Medical Corporation		Case No).
		Debtor(s)	Chapter	7
	DISCLOSURE OF CO	MPENSATION OF ATTO	RNEY FOR I	DEBTOR(S)
•	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. I compensation paid to me within one year before the rendered on behalf of the debtor(s) in contempts.	the filing of the petition in bankruptcy	, or agreed to be pa	id to me, for services rendered or to
	For legal services, I have agreed to accept		\$	2,000.00
	Prior to the filing of this statement I have rec			2,000.00
				0.00
2. 7	The source of the compensation paid to me was:	,		
	☐ Debtor ☐ Other (specify):	Joseph and Nora Sheehan		•
3. 7.	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
4.	I have not agreed to share the above-disclose	d compensation with any other person	n unless they are me	embers and associates of my law firm.
a k c	copy of the agreement, together with a list of In return for the above-disclosed fee, I have agree Analysis of the debtor's financial situation, an Preparation and filing of any petition, schedul Representation of the debtor at the meeting of [Other provisions as needed] Exemption planning; By agreement with the debtor(s), the above-disck Representation of the debtors in a any other adversary proceeding: r	ed to render legal service for all aspect drendering advice to the debtor in de es, statement of affairs and plan which creditors and confirmation hearing, a posed fee does not include the following dischargeability actions, judge the gotiations with secured creditions.	ets of the bankrupte etermining whether th may be required; and any adjourned h ag service: licial lien avoidar tors to reduce to	y case, including: to file a petition in bankruptcy; earings thereof; nces, relief from stay actions or market value; preparation and
	filing of reaffirmation agreements USC 522(f)(2)(A) for avoidance of		eparation and fili	ng of motions pursuant to 11
this b	certify that the foregoing is a complete statement ankruptcy proceeding. ovember 7, 2017 ate	Stephent Cost Signature of Attorn Costello & Cost 19 N. Western A Carpentersville,	ello 6187315 lio ve. (RT 31) IL 60110 ax: 847-428-4694	

CONTRACT FOR LEGAL SERVICES

The undersigned (hereinafter referred to as "client") hereby enters into this Contract for legal services with the law firm of COSTELLO & COSTELLO P.C. (Hereinafter referred to as "firm") and hereby agrees as follows:

- 1. Client wishes to retain the law firm of COSTELLO & COSTELLO, P.C. to perform legal services in connection with a Chapter 7 Bankruptcy.
- 2. Firm's present schedule of fees regarding the preparation, filing and representation in Chapter 7 and the court filing fee for the following services are as follows:

a. Analysis of Chapter 7.	\$500.00
b. Preparation of documents for Chapter 7 filing which includes, the petition, schedules, statement of financial affairs, and other documents required for the filing of the chapter 7.	\$750.00
c. Filing of Chapter 7 petition, schedules, etc with the court and attendance at the meeting with the trustee (also called 341 meeting or meeting of creditors).	\$750.00
d. Court filing fee.	\$335.00
Total fees and court filing fee.	\$2,335.00

A-0000

- 3. Client hereby understands that firm will not perform any of the above services until the fees for such service, including court costs or filing fees, is fully paid and only after all information and/or documents and/or signatures required for such services and/or the preparation of each document is provided to firm. Firm reserves the right to raise the amount of firm's fees for any services should client not pay for such services or provide necessary information or documents or signatures within a reasonable time from the date of this Contract or should the bankruptcy laws, or rules or procedures of the court materially change after the date of this Contract. Client further understands that any fees are deemed earned when paid and client shall not be entitled to any refund of any portion of any fees paid for services performed by firm or if firm is unable to fully provide any such services due to failure of client to provide necessary information or documents or signatures.
- 4. Firm is under no obligation to represent client in any additional matters including any additional matters arising within the Chapter 7 proceeding or any other Chapter that this Chapter 7 proceeding may be converted into. Should firm choose to represent client in any additional matters arising within the chapter 7 proceeding or other bankruptcy proceeding that this Chapter 7 may be converted into including, but not limited to, objections to claims, adversary proceedings, amendments to schedules, petition or statement of affairs. motions or objections presented by creditors, trustee or Judge or other matters, shall be billed at the rate of \$325.00 per hour plus costs and expenses. Such additional fees shall be due and payable upon demand unless otherwise agreed in writing. Firm reserves the right to raise its hourly rate upon written notice to client.
- 5. Client will inform firm of any change of client's address or telephone number with the understanding that failure to do so will constitute default.
- 6. Client agrees to inform firm of any difficulties client may have in complying with this Contract and that this Contract may be altered changed or amended only by mutual agreement and approval by firm in writing
- 7. Client may terminate employment of firm at any time but such termination will not alter any rights or duties under this Contract and such termination does not reduce the amount owed to firm except by agreement in writing.

- 8. Client understands that any default under paragraph 4,5, 6, or 7 or should client fail to fully cooperate with firm or fail to provide accurate or complete information to firm or any trustee, judge, creditor or other claimant or any other entity at any time during firm's representation of client either before or after the filing of the chapter 7 bankruptcy, such may result in withdrawal by firm but such withdrawal will not alter any clients obligations under this Contract and such withdrawal does not reduce the amount owing to firm except by agreement in writing and does not entitle client to any refund of any fees paid for such services.
- Client agrees that client is responsible for all costs of collection, including all court costs and reasonable attorney's fees incurred by firm in the collection of any sums due hereunder.
- 10. Client understands that from time to time an attorney from firm may be unavailable to appear in court or at other proceedings on client's behalf and hereby agrees that another attorney may be designated by firm to substitute for one of firm's attorney's at such court or other hearing.
- 11. To the extent that this Contract is signed herebelow by more than one individual, then "client" as used herein shall mean both the singular and plural of such term and both individuals agree that they are jointly and severally liable for all obligations contained herein including but not limited to all sums due from client as provided herein.
- 12. If client is a corporation and is signed herebelow by an officer of such corporation, then such person signing for client represents that he or she is a duly authorized officer of such corporation and is authorized to enter into this Contract on behalf of such corporation and bind such corporation thereto and further agrees that he or she personally and individually guarantees payment of all amounts due from client as provided herein including but not limited to all fees, costs and expenses provided in paragraph 2 hereinabove and further agrees that he or she is responsible for all costs of collection, including all court costs and reasonable attorney's fees incurred by firm in the collection of any sums due hereunder from either client or such person signing personally and individually.
- 13. Any provision of this Contract which may be adjudged to be unlawful or invalid by a court of law or becomes unlawful or invalid by operation of law or legislation, shall thereafter become null and void, but all other provisions of this Contract shall continue in full force and effect.

The undersigned have voluntarily entered into this Contract and by the undersigned's signature(s) below agree to all of the obligations rights and duties herein.

Dated this 7th day of November ,2017.

Agreed and signed:

Blackrock Medical Corporation

by Blunard
Bernard Sheehan

Costello Costello, P.C. and Stephen J. Costello

Sloel

Stephen J Costello

Case 17-33459 Doc 1 Filed 11/08/17 Entered 11/08/17 12:04:31 Desc Main Document Page 24 of 26

United States Bankruptcy Court Northern District of Illinois, Eastern Division

In re	Blackrock Medical Corporation		Case No.		
		Debtor(s)	Chapter 7		
	VERIFICATION OF CREDITOR MATRIX				
		Number of C	reditors:	1	
	The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.				
Date:	November 7, 2017	/s/ Bernard Sheehan			
		Bernard Sheehan/Director Signer/Title			

Case 17-33459 Doc 1 Filed 11/08/17 Entered 11/08/17 12:04:31 Desc Main Document Page 25 of 26

Sterling Bay Companies, LLC c/o Tarpey Wix 225 West Wacker Drive, Ste 1515 Chicago, IL 60606

Case 17-33459 Doc 1 Filed 11/08/17 Entered 11/08/17 12:04:31 Desc Main Document Page 26 of 26

United States Bankruptcy Court Northern District of Illinois, Eastern Division

In re	Blackrock Medical Corporation		Case N	No.				
		Debtor(s)	Chapte	er	7			
CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)								
Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or								
recusal, the undersigned counsel for Blackrock Medical Corporation in the above captioned action, certifies that the								
following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:								
more of any class of the corporation by y equity interests, or states that alore are no challes to report under 1 RB1 7007.1.								
■ None [Check if applicable]								
Noven	nber 7, 2017	/s/ Stephen J. Costello						
Date		Stephen J. Costello 6187						
		Signature of Attorney or						
		Counsel for Blackrock Costello & Costello	Medical Corporation	on				
		19 N. Western Ave. (RT 3	1)					
		Carpentersville, IL 60110						
		847-428-4544 Fax:847-428 steve@costellolaw.com	8-4694					
		C.C.C @OOCONOIGHIOOM						